

DEVELOPMENTAL DISABILITIES PROGRAM Triage Review Form (TRF)

FOR INVESTIGATING CRITICAL INCIDENTS: MAY BE USED FOR ALL CRITICAL INCIDENTS EXCEPT INCIDENTS OF ABUSE, NEGLECT OR EXPLOITATION.

Review Team					
Team Members Participating: QIS(s): Regional Manager: Other: Agency Name: Person's Name: Date Incident Occurred: Description of Incident as Known: Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached:	Davison	Case Manager(s):			
Members Participating: Regional Manager: Other: Agency Name: Person's Name: Description of Incident as Known: Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached: No further investigation warranted		Provider Staff(s):			
Participating: Regional Manager: Other:		QIS(s):			
Agency Name: Person's Name: Description of Incident as Known: Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached: No further investigation warranted					
Name: Person's Name: Date Incident Occurred: Description of Incident as Known: Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached: No further investigation warranted	r articipating.	Other:			
Person's Name: Date Incident Occurred: Description of Incident as Known: Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached:					
Name: Date Incident Occurred: Description of Incident as Known: Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached: No further investigation warranted					
Description of Incident as Known: Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached:		Date Incident Occurred:			
Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached:	name: ——				
Summary of Review: Recommendations/Requirements/Actions Taken: Administrative Review Attached:	Description of Incident as Known:				
Recommendations/Requirements/Actions Taken: Administrative Review Attached: No further investigation warranted					
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Administrative Review Attached: No further investigation warranted					
No further investigation warranted	Recommendations/Requirements/Actions Taken:				
No further investigation warranted					
No further investigation warranted	Administrative Poview Attached:				
I	Administrative Review Attached.				
Full Investigation (FIRF) needed and assigned to:	☐ No further investigation warranted				
<u> </u>	☐ Full Inves	tigation (FIRF) neede	d and assigned to:		
Triage Review Team Chair Date					
Review Status:					
To be continued Closed					